

**PLANNING COMMITTEE MEETING
SUMMARY NOTES
JULY 14, 2004 · 10:30 – 12:00 P.M.**

I. Welcome and Introductions

Forty-four stakeholders in attendance. Guest presenter: Steve Landkamer, Program Manager, Wisconsin Department of Health and Family Services

Purpose of meeting: To educate stakeholders about the Wisconsin Partnership Program (WPP) and discuss various components and strategies that may be applicable to San Diego LTCIP's two service delivery models. WPP is an integrated health and long term care service delivery model for frail elderly and people with disabilities. The program is supported by the Robert Wood Johnson Foundation Medicare/Medicaid Integration Program.

II. Announcements

- LTCIP Advisory Group recently ratified approval of Planning Committee recommendations to (1) support recommendations from the LTCIP Mental Health & Substance Abuse Workgroup (2) support continued development of all 3 integration strategies (Network of Care, Physician, HSD+/Health Plan Pilots) and (3) accept the Draft Administrative Action Plan as a working blueprint to continue planning for Healthy San Diego Plus. June 30, 2004 summary meeting notes are available on the LTCIP website or by calling (858) 495-5428
- On July 13, 2004, County Board of Supervisor's supported and approved continued development of all 3 LTCIP integration strategies, including seeking State and other external funding. See BOS Statement of Proceedings, agenda item #17 at <http://www.co.san-diego.ca.us/cnty/bos/agenda/sop/071304sop.doc> for more information
- August Planning Committee Meeting CANCELLED
- The next meeting will be on Wednesday, September 8, 10:30 – Noon, Sharp Operations Center, 8695 Spectrum Center Court, San Diego, CA 92123

III. Wisconsin Partnership Program Presentation - PowerPoint slides from this meeting are available on the LTCIP website at <http://www.sdcounty.ca.gov/cnty/cntydepts/health/ais/ltc/> or by calling (858) 495-5428

- Target population: Medicaid eligible or dual eligible for Medicare and Medicaid, nursing home certifiable
- State contracts with four Community Based Organizations (CBO) to provide Partnership services and manage the care of each participant
- Program provides prevention services to minimize need for inpatient and emergency room care and community-based, supportive services to minimize the need for nursing home care
- WPP is a unique variation of PACE (Program of All-Inclusive Care for the Elderly), which does not depend on the adult day care center and allows enrollees to keep their own primary care physician.
- Other key distinctions between PACE and WPP: Partnership members receive most services in their home, can be frail elderly and/or physically disabled; nurse practitioner serves as care team's primary representative and accompanies member to most MD visits; partnership works both in both an urban and rural setting
- The same rate setting methodology is used for both PACE and Partnership; rates for elderly and people with physical disabilities differ significantly
- Organizations are at full risk for all health and long term care outcomes

- Medicare and Medicaid capitation payments are made to the Partnership organizations; organizations subcontract with various providers, including physicians, CBOs and hospitals and pay them on a Fee-for-Service basis
- Care Management team comprised of participant, primary care physician (PCP), nurse practitioner (NP), registered nurse (RN), social worker and service coordinator
- The NP meets with PCP to establish a collaborative practice agreement. The NP acts as the liaison between the PCP, the member and the remainder of the Team. RNs provide both care management and Skilled Nursing Care. Social Workers provide both psychosocial and other supportive services
- State uses several methods to monitor and measure quality and effectiveness including member outcomes, various health care outcomes, consumer satisfaction, grievance and appeals data, delegation of authority reports, provider network reports, financial reports, utilization data, and physician satisfaction.
- Positive health care outcomes include decreased nursing home utilization and hospital days and a 41% cut in hospital admits for ambulatory care sensitive conditions (ACSC)
- Delivers member-specified outcomes in 14 areas
- High PCP satisfaction - 88% of PCPs believe that membership in the Partnership Program makes it easier to manage their patient's care; over 70% of PCPs almost always or usually have needed patient background information (medical history, special needs, etc) to provide appropriate services
- Areas in need of improvement: Member/quality of life outcomes, further impact on the incidence of hospitalizations for ACSC, comprehensive evaluation, demonstration of cost effectiveness, provider satisfaction, interventions in cases where there is mental health and/or chemical dependency concerns.
- More Information on the Wisconsin Partnership Program: <http://dhfs.wisconsin.gov/WIpartnership/>

VIII. Adjourn-

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If you have questions or would like more information, please call (858) 495-5428 or email: evalyn.greb@sdcounty.ca.gov or sara.barnett@sdcounty.ca.gov